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PSYCHOLOGICAL LITERATURE.

I.—NEUROLOGY.

By C. F. HODGE, Ph. D.

Brain Surgery. M. ALLEN STARR. New York, 1893; pp. 295, fifty-nine illustrations.

The primary aim of this book, as the title indicates, is to give the surgical status of the subject of brain localization. In addition to this, it may serve to furnish an expression of what has come to be generally accepted in this country in this much controverted subject.

Chapter first treats of "The diagnosis of cerebral disease." Here we learn that "there are certain areas upon the cortex of the brain, not necessarily co-extensive with either lobes or convolutions, whose functions are accurately known." Of these the author would make five, viz.: (1) The sensori-motor area; (2) The speech areas; (3) The visual area; (4) The auditory area; (5) The areas of the sensations of smell and taste. Each of these is briefly outlined with the aid of the clearest possible diagrams. With regard to the "sensori-motor" areas, the view is taken of foci with wide intermerging areas of representation. "Each motion, each part of a limb, has a wide general representation over the cortex and a special representation at a limited area." "The areas of representation of the different limbs merge into one another." "This explains the fact that excision of a small area does not totally paralyze the portion of the limb chiefly represented on that area. The adjacent areas represent to some extent that limb and hence can govern it if need be." The author reasserts his view, as the designation of this region indicates, that there is some loss of tactile sensation as well as paralysis when a lesion of the motor areas occurs. Speech areas, motor, auditory, and visual, are located, in the left hemisphere for right-handed persons, in the posterior part of the third frontal convolution, in the first and second temporal convolutions, and in the lower parietal angular region respectively. The location of graphic speech, the power of writing, is not definitely determined, cases on record pointing to both the second frontal convolution and the lower parietal near the hand centre. In regard to the visual centre the author follows Henschen in placing the primary centre in the calcarine fissure. Audition is located in the first and second temporal convolutions, each ear being connected with both hemispheres, so that total deafness is never caused by unilateral lesion. Taste and smell occupy the tip of the temporal lobe, lower and median surface. Like the centres for hearing, each lobe supplies the sense organs of both sides, so that unilateral lesion rarely produces noticeable symptoms. The

frontal region, the great terra incognita, has been in an uncertain way irresistibly associated with higher psychic functions. The author's experience seems to support this view. Lesions of this region cause no disturbance of motion, of sensation, or of speech. "Yet for the coördination of facts into orderly series, for comparison, and for analysis of knowledge gained through the senses, the healthy state of the frontal lobes appears to be necessary. And lesions in the frontal region, especially upon the left side, are quite uniformly attended by mental dullness, apathy, lack of concentration and imperfect self-control." The functions of the basal ganglia, optic thalami and corpora striata, are still undetermined. If a lesion here does not invade the internal capsule, its presence can not be detected during life. The cerebellum Starr considers as the organ for control of bodily equilibrium.

In Chapter II. pp. 19-113, we have discussed at length trephining for epilepsy. Cases are clearly stated, and supplementing this a microscopical study of two of the cases by Van Gieson is given. The net result of operations reported is ten cases cured; six, improved; eleven, not improved; and two fatal. Trephining for imbecility due to microcephalus, Chap. III., 114-156, is an operation where the surgeon encounters great odds. Out of thirty-four cases, fourteen died, and five showed no improvement; while eight were somewhat, and seven greatly, improved. When gross atrophies are present, surgical interference is of no avail; but when brain tissue has been arrested in its development by cysts, clots, or tumors, or by early union of sutures, the removal of these disturbing conditions by giving more space may result in stimulating growth and in improvement or cure. Chapters follow upon trephining for cerebral hemorrhage, for abscess and for tumor of the brain. In this last field Starr has added to his 300 cases of brain tumor in patients under twenty years, 300 from adults; and his table combining the two lists of cases shows some striking facts touching the relative frequency of various kinds of tumor at different ages. Tumors of tubercular origin are more than three times (152 to 41) as frequent in children as in adults. Also tumors of the cerebellum, pons and medulla are more than twice as numerous in children. Of the whole 600 tumors, for reasons of character and position, only forty-six were clearly open to operation and only thirty-seven, about six per cent., could probably have been successfully removed. Trephining for insanity, Chap. VIII., has proved of service in the rare cases, about two per cent., where insanity has developed immediately after serious injury to the head. It has also been tried, both in this country and in England, for the relief of general paresis, but without effect, or accompanied with only such temporary improvement as may occur in any case of this disease.

Trephining for headache, Chap. XIX., has been successful in two cases, in both of which the disease was of traumatic origin and sharply localized. The book closes with a chapter on the operation of trephining, which is of purely technical interest.

The Sensory Motor Functions of the Central Convolutions of the Cortex Cerebri. F. W. MOTT. Brit. Med. J., II. pp. 685-7. 1893.

The point of this research consists in the very satisfactory evidence which it brings to bear upon the sensory functions of the so-called motor areas. The work was done chiefly on monkeys, portions of the brain being removed with a Horsely brain knife. Definite regions were paralyzed in this way and after determining these, sensibility was tested by spring clips of different strengths